

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

Ruth Ann Terry, MPH, RN  
Executive Officer**INSTRUCTIONS FOR APPLYING FOR A NURSE PRACTITIONER  
FURNISHING NUMBER**

Section 2746.51(h) of the Business and Professions Code requires that nurse practitioner who wish to furnish drugs and/or devices pursuant to Section 2746.51 must have a Board issued furnishing number. The number is renewable at the time of the applicant's registered nursing (RN) license renewal. To be eligible for the furnishing number, the board certified nurse practitioner must have completed a Board approved pharmacology course and a minimum of 520 hours of physician supervised experience in furnishing drugs and/or devices. These hours may be accumulated during a period of time which is not less than six (6) months but not more than twelve (12) months within the last four (4) year since California Board of Registered Nursing certification as a Nurse Practitioner. **The furnishing number may not be used in solo practice of nurse practitioner.**

**APPLICATION PROCESS**

**To apply for the furnishing number, the applicant must provide the following:**

- ♦ Completed **Nurse Practitioner Furnishing Number Application** form.
- ♦ **Application Fee of \$50.00.**
- ♦ Submission of the **Verification of Physician Supervised Furnishing Experience** form completed by the supervising physician.
- ♦ Submission of the **Advanced Pharmacology Course Verification for Furnishing** form completed by the academic program or the continuing education (CE) provider.

**AND**

If the advanced pharmacology course was completed more than four (4) years ago, the **Verification of Recent Furnishing Experience** form must be completed by the agency administrator or physician where the physician supervised furnishing experience was obtained.

The criteria for the physician supervised furnishing experience and for the approved advanced pharmacology course work are listed on the reverse side of the applicable verification form.

Falsification of information on the application is a violation of the Nursing Practice Act and may result in not only denial of the issuance of the Furnishing Number but also in Board disciplinary action against the applicant's RN license.

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**NURSE PRACTITIONER FURNISHING NUMBER APPLICATION**  
**FEE \$50.00**

<b>PERSONAL DATA (Please print or type)</b>			
1. NAME: Last First Middle		Previous Names (Including Maiden):	
2. ADDRESS OF RECORD: Number and Street		3. BIRTHDATE:	
City State Zip Code		Month Day Year	
4. SOCIAL SECURITY NUMBER (Mandatory):		6. MOTHER'S MAIDEN NAME:	
5. TELEPHONE NUMBER: Home: ( ) Work: ( )			
7. RN LICENSE NUMBER:	8. BRN NP NUMBER:	9. SPECIALTY:	
<b>PHARMACOLOGY COURSE Complete the section which applies to the type of course you completed.</b>			
10. ACADEMIC COURSE - SCHOOL NAME:		11. COURSE TITLE:	12. COMPLETION DATE:
13. SCHOOL ADDRESS: Number and Street		City, State & Zip Code	14. No. QTR/SEM UNITS:
15. CONTINUING EDUCATION PROVIDER NAME:		16. COURSE TITLE:	17. COMPLETION DATE:
18. CE PROVIDER ADDRESS: Number & Street		City, State & Zip Code	
19. CE PROVIDER NUMBER:		20. TOTAL CE HOURS:	
Documentation required: The school or CE provider must submit the "Pharmacology Course Verification" form. If the course was completed more than four (4) years ago, you must also have a "Verification of Recent Furnishing Experience" form submitted by the agency where the recent furnishing experience was obtained.			
<b>PHYSICIAN SUPERVISED EXPERIENCE</b>			
21. PHYSICIAN NAME:		22. LICENSE NO.:	23. SPECIALTY:
24. AGENCY NAME:		25. TELEPHONE NO.: ( )	
26. ADDRESS: Number & Street		City, State & Zip Code	
27. PERIOD OF SUPERVISED EXPERIENCE: From (mo/yr):		To (mo/yr):	
Number of Weeks:		Hours Per Week: = Total No. of Hours:	
Documentation Required: The physician supervisor must submit the "Verification of Supervised Furnishing Experience" form.			

I certify, under the penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	
<b>BOARD OF REGISTERED NURSING</b>	
Title of official responsible for information maintenance:	
<b>EXECUTIVE OFFICER</b>	
Address:	Telephone Number:
<b>P.O. BOX 944210, SACRAMENTO, CA., 94244-2100</b>	<b>(916) 322-3350</b>
Authority which authorizes the maintenance of the information:	
<b>SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE</b>	
The following items of information are voluntary, all others are mandatory:	
<b>ALL INFORMATION IS MANDATORY.</b>	
The consequences, if any, of not providing all or any part of the requested information:	
<b>FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.</b>	
The principal purpose(s) for which the information is to be used:	
<b>TO DETERMINE ELIGIBILITY. YOUR SOCIAL SECURITY NUMBER WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(3)(C)) AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU.</b>	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:	
<b>POSSIBLE TRANSFER TO LAW ENFORCEMENT AGENCIES AND REPORTING SOCIAL SECURITY NUMBER TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.</b>	
Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.	

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**NURSE PRACTITIONER  
 VERIFICATION OF PHYSICIAN SUPERVISED FURNISHING EXPERIENCE**

In order to furnish drugs and/or devices pursuant to Business and Professions Code Section 2836.1, the nurse practitioner is required to have a minimum of 520 hours of physician supervised experience in furnishing drugs and/or devices. These hours may be accumulated during a period of time which is not less than six (6) months but not more than twelve (12) months within the last four (4) years since Board certification as a nurse practitioner. Criteria for the furnishing experience are listed on the reverse side of this form.

<b>TO BE COMPLETED BY THE NURSE PRACTITIONER</b>			
1. NAME: Last First Middle			2. BIRTHDATE:  Month Day Year
3. ADDRESS: Number & Street  City State Zip Code			4. SOCIAL SECURITY NO. (Mandatory):
6. CALIFORNIA RN LICENSE NO.:			7. BRN NURSE PRACTITIONER NUMBER:
<b>INFORMATION TO BE COMPLETED BY THE SUPERVISING PHYSICIAN</b>			
8. NAME: Last First Middle			9. TELEPHONE NUMBER:  ( )
10. AGENCY NAME:			11. PHYSICIAN LICENSE NUMBER:
12. ADDRESS: Number & Street  City State Zip Code			13. SPECIALTY:
14. PERIOD OF SUPERVISION From (mo/yr): To (mo/yr): Number of Weeks: Hours Per Week: = Total No. of Hours:			
15. The drugs and/or devices furnished by the nurse practitioner were: Incidental to the provision of perinatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No Incidental to the provision of family planning service? <input type="checkbox"/> Yes <input type="checkbox"/> No Incidental to the provision of routine health care? <input type="checkbox"/> Yes <input type="checkbox"/> No Furnished pursuant to a standardized procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.  NAME: _____ TITLE: _____  SIGNATURE: _____ DATE: _____			

Please return the completed form to the Board of Registered Nursing at the above address.

## **PHYSICIAN SUPERVISED FURNISHING EXPERIENCE**

The physician supervised furnishing experience must comply with the following requirements:

- Have a physician supervisor.
- A minimum of 520 hours of physician supervised experience in furnishing drugs and/or devices. These hours may be accumulated during a period of time which is not less than six (6) months but not greater than twelve (12) months within the last four (4) years since California Board of Registered Nursing certification as a Nurse Practitioner.
- Include furnishing of drugs and/or devices which are covered in the pharmacology course and which are related to the provision of perinatal care, family planning services and/or routine health care for essentially health clients/patients.
- Pursuant to standardized procedures.



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## ADVANCED PHARMACOLOGY COURSE VERIFICATION FOR FURNISHING

In order to furnish drugs and/or devices pursuant to Business and Professions Code Section 2836.1, the nurse practitioner must complete a Board approved pharmacology course. The criteria for the pharmacology course are listed on the reverse side of this form.

TO BE COMPLETED BY THE NURSE PRACTITIONER (Please print or type)					
1. NAME: Last First Middle			2. TELEPHONE NUMBER: Home: ( ) Work: ( )		
3. ADDRESS: Number & Street			4. SOCIAL SECURITY NO. (Mandatory):		
City State Zip Code			5. RN LICENSE NUMBER:		
6. DATES COURSE WAS TAKEN:			7. BRN NURSE PRACTITIONER NUMBER:		
TO BE COMPLETED BY THE SCHOOL OR CONTINUING EDUCATION PROVIDER					
8. SCHOOL/CONTINUING EDUCATION PROVIDER NAME:			9. TELEPHONE NUMBER: ( ) State Zip Code		
10. ADDRESS: Number & Street		City		State Zip Code	
11. The pharmacology course/content:					
* Entrance and completion dates for course: Entrance: _____ Comp: _____					
* Was a separate course? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, specify the title: _____					
If no, was integrated in the program curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No					
* Equivalent to: 2 semester units <input type="checkbox"/> Yes <input type="checkbox"/> No 3 quarter units <input type="checkbox"/> Yes <input type="checkbox"/> No					
30 hours <input type="checkbox"/> Yes <input type="checkbox"/> No					
* Included content related to drugs and/or devices which are used in the provision of:					
Perinatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Family planning service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Routine health care? <input type="checkbox"/> Yes <input type="checkbox"/> No					
* Included the objectives and content specified on the reverse side of this form? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, check the objective and/or content which was not included.					
I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.					
NAME: _____ TITLE: _____					
SIGNATURE: _____ DATE: _____					

Please return the completed form to the Board of Registered Nursing at the above address.  
NPF-PHARM (01/04)

## ADVANCED PHARMACOLOGY COURSE FOR FURNISHING

In order to be approved, the pharmacology course must comply with the following requirements:

- Be post-RN licensure.
- Be a two (2) semester units or three (3) quarter units academic course from a post-secondary school. If the pharmacology course content was integrated in the curriculum, it must be equivalent to thirty (30) hours.
- Be a thirty (30) hour continuing education (CE) course(s), not including independent or home study. The course(s) must include a written test of knowledge to demonstrate comprehension of the course objectives.
- Must have been completed within the last four (4) years. If the course was completed more than four (4) years ago, the nurse practitioner must provide documentation of having experience furnishing drugs and/or under standardized procedures for the preceding six (6) months for a minimum of twenty (20) hours per week.
- Must have included the following course objectives and content related to the provision of perinatal care, family planning services and/or routine health care to essentially healthy persons.

**Course Objectives:** Upon completion of the course, the nurse practitioner will be able to:

- 1) Utilize the database obtained from the health assessment of the client/patient to identify an appropriate therapeutic regimen, including drugs and/or devices.
- 2) Utilize knowledge of pharmacokinetics when developing a therapeutic regimen that maximizes the therapeutic effectiveness while minimizing adverse reactions.
- 3) Utilize knowledge of pharmacodynamics: to observe the effects of drugs and/or devices on a client/patient; to predict the client/patient response; and to understand the effects of the drugs and/or devices.
- 4) Evaluate the response and compliance of the client/patient to the drugs and/or devices and implement appropriate action.
- 5) Provide appropriate client/patient education regarding the furnished drugs and/or devices.
- 6) Furnish drugs and/or devices safely and legally.

**Course Content:** Must be related to drugs and/or devices utilized in the provision of perinatal care, family planning services and/or routine health care to essentially healthy persons for the following areas:

- ✓ Pharmacodynamics
- ✓ Pharmacokinetics
- ✓ Ethics and legal issues
- ✓ Classification of drugs and/or devices including the following components – therapeutic use; body absorption mechanisms; side effects; drug interactions; contraindications; generic nomenclature.

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**NURSE PRACTITIONER  
 VERIFICATION OF RECENT FURNISHING EXPERIENCE**

In order to furnish drugs and/or devices pursuant to Business and Professions Code Section 2836.1, the nurse practitioner is required to complete a Board approved pharmacology course. One of the approval criteria is that the course be completed within the last four (4) years. If the course was taken more than four (4) years ago, the nurse practitioner must demonstrate recent furnishing experience, i.e., furnishing drugs and/or devices under standardized procedures for the preceding six (6) months for a minimum of twenty (20) hours per week.

<b>TO BE COMPLETED BY THE NURSE PRACTITIONER (Please print or type)</b>			
1. NAME: Last First Middle		2. TELEPHONE NUMBER: Home (     ) Work (     )	
3. ADDRESS: Number & Street		4. RN LICENSE NUMBER:	
City	State	Zip Code	5. BRN NURSE PRACTITIONER NUMBER:
<b>TO BE COMPLETED BY AGENCY ADMINISTRATOR/PHYSICIAN</b>			
6. AGENCY NAME:		7. TELEPHONE NUMBER: (     )	
8. ADDRESS: Number & Street	City	State	Zip Code
9. Period of Physician Supervised Furnishing Experience: From (mo/yr): _____ To (mo/yr): _____ Hours Per Week: _____			
10. The drugs and/or devices furnished by the nurse practitioner were:			
Incidental to the provision of perinatal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Incidental to the provision of family planning service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Incidental to the provision of routine health care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Furnished pursuant to a standardized procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.  NAME: _____ TITLE: _____  SIGNATURE: _____ DATE: _____			

Please return the completed form to the Board of Registered Nursing at the above address.